

UAMS / CAVHS Adult Neurology Outpatient Clinic Rotations Curriculum Rev. 08/28/2007

Summary Description of Rotation

The ACGME mandates that all Neurology residents must have an outpatient experience which must include a resident longitudinal/continuity clinic with attendance by each resident at least one half-day weekly throughout the program of primary patient care for outpatients with disease of the nervous system, and that they must have outpatient clinic rotations providing at least 6 months of outpatient care of patients with neurological disorders.

The continuity clinic may be counted toward the required six months of outpatient experience, assuming that one half-day clinic assignment per week for three years is equal to 3.6 months. Therefore, two half-day clinic assignments per week (1 at UAMS & 1 at CAVHS) for three years meets this requirement. However, all clinics may be credited toward the six month outpatient requirement. The continuity clinic takes place concomitant with other rotations. In general, the continuity clinic involves the PGY1 year at an introductory level, PGY2-3 years at the junior level, and the PGY4 years at the senior level, with increasing levels of responsibility. The goal of the outpatient continuity Neurology clinic rotation is to expose the resident to a broad range of acute and chronic neurological disorders, with exposure to the natural history of chronic neurological disorders. One UAMS clinic per month is an epilepsy clinic and one UAMS clinic per month is MDA clinic. In addition, the Senior Resident at both UAMS and the McClellan VAMC have a clinic for urgent new outpatient consultations on Mondays, Wednesdays and Fridays. Also, the Senior Resident at the McClellan VAMC is responsible for a Procedure Clinic on alternate Wednesday afternoons, at which time elective outpatient procedures are performed, including lumbar punctures, occipital nerve blocks, etc. They also attend the MS clinic at the McClellan VAMC every two weeks. In addition, residents on the Neuropathology rotation attend the McClellan VAMC movement disorders clinic if it does not conflict with their continuity clinic. Overall, these clinic experiences are designed to provide the resident with extensive, comprehensive, supervised experience in the care of outpatients with a broad spectrum of neurological disorders.

The Neurology outpatient clinic at UAMS is located on the 2nd floor of the Stephens Spine Building. The Neurology outpatient continuity clinic at the McClellan VAMC is located on the 1st floor of the McClellan VAMC, in the Specialty II area. Continuity clinics are on Tuesday mornings and Thursday afternoons at the VA, and Tuesday afternoons and Thursday mornings at UAMS.

Senior resident clinics at UAMS are located on the 2nd floor of the Stephens Spine Building. Chief resident clinics and the procedure clinic at the McClellan VAMC are located in the Neurology Service area on the 7th floor of the McClellan VAMC.

PGY1 residents are responsible for being present, as assigned, for clinic ½ day per week. They are not scheduled to see specific patients, but are assigned to see 1-2 new consults or follow-up patients in the clinic. PGY2 residents are scheduled to see 2 new consults and 4 follow-up patients in the clinic. PGY3 residents are scheduled to see 2 new consults and 4 follow-up patients in the clinic. PGY4 residents are not scheduled to see new consults, but are scheduled to see 6-8 follow-up patients. These are guidelines. The schedule may be adapted to accommodate for patients who fail to report. **It is expected that residents will demonstrate professionalism in the clinics, to both the clinic staff and colleagues, assisting other residents with a heavy clinic load if they have a light clinic load. An atmosphere of collegiality is expected. The Attending Faculty and the Senior Resident in the clinic have the authority to assign extra patients to junior residents if necessary.**

No matter what rotation a resident is on, each resident is expected to check Logician at UAMS and CPRS at the VA at least every other day for notes and messages regarding their patients. **It is critical that telephone calls from patients be returned promptly.** Failure to do this will be viewed as unprofessional and irresponsible conduct.

Educational Goals Summary

1. To provide an experience that will allow the resident to achieve basic competencies in the assessment and management of acute and chronic neurological diseases of the central and /or peripheral nervous system managed on an outpatient basis.
2. To provide an experience that will allow the resident to achieve basic competencies in performing consultations regarding acute and chronic neurological symptoms, occurring as a complication of other disease states.
3. To learn the indications for ordering and interpreting ancillary and laboratory studies, including neuroimaging, neurosonology, lumbar puncture, EEG and EMG.
4. To provide training and supervision that allows development of professionalism necessary to become an effective physician, including honesty, communication, proper interaction with patient, peers and ancillary staff, and proper referral of patients to provide appropriate provisions of care.
5. For senior resident, to provide training and supervision in completion of urgent neurologic consultations and the performance of common outpatient neurological procedures.

Assessment Summary

Resident performance will be assessed in the six core competencies:

1. Patient Care (PC)
2. Medical Knowledge (MK)
3. Interpersonal and Communication Skills (ICS)
4. Practice Based Learning and Improvement (PBLI)
5. Professionalism (P)
6. Systems Based Practice (SBP)

At the end of each rotation, the resident should receive and/or complete the following assessments:

1. Verbal feedback from Attending Physician
2. Written assessment of performance in the six core competencies
3. Resident assessment of Attending Physician
4. At least yearly assessment of performance by nursing staff.

Summary of Expectations

The resident is responsible for the initial consultation as well as the formulation of differential diagnosis and initial management plan. The resident is expected to present every case to the Staff.

Duty Hours

Neurology strictly adheres to the duty hour limits mandated by the ACGME:

1. Duty hours must be limited to 80 hours per week, averaged over a four-week period.
2. Residents are provided with 1 day in 7 free from all educational and clinical responsibilities, on average.
3. A 10-hour time period is provided between all daily duty periods and after in-house call.
4. Continuous call must not exceed 24 hours, with an additional six hours allowed for rounds, transfer of care and educational activities.

Rotation Orientation

The orientation occurs on Day 1 of the rotation by the Attending Physician. This written handout is provided then.

Supervision

Each continuity clinic has 2 Attending Faculty Neurologists. The Attending Faculty Neurology physician will supervise all residents during the clinics. At the UAMS clinic, all new consults and follow-up patients must be presented to and seen by the Attending

Faculty Neurologists. At the McClellan VAMC Continuity Clinic, all new consults must be presented to and seen by the Attending Faculty Neurologists. All follow-up patients must be presented to the Attending Faculty Neurologists, and seen by the Attending Faculty Neurologists at their discretion.

Each Chief Resident and Procedure Clinic are supervised by an Attending Faculty Neurology physician.

Mix of Diseases

Residents will meet the goals and objectives of the rotation through the identification, diagnosis, appropriate testing, management, and treatment of the following broad categories of neurological diseases:

- A. Cerebrovascular disease
- B. Demyelinating disease
- C. Disorders of balance and dizziness
- D. Disorders of higher cognitive function and communication (the dementias and aphasias)
- E. Movement disorders
- F. States of altered consciousness
- G. Headache
- H. Spinal disorders and pain (neck and low back)
- I. Neoplasms of the central nervous system
- J. Disorders of muscle and the neuromuscular junction
- K. Disorders of peripheral nerve
- L. Epilepsy
- M. Central nervous system infections
- N. Nutritional diseases of the nervous system

Patient Characteristics

Patients are referred to the outpatient Neurology clinic either by the Emergency Department, other services, outside physicians, or as Neurology inpatients requiring neurological follow-up. Patients with chronic neurological disorders are followed, as needed, in the continuity clinics. Adult patients above the age of 18, of various ethnic backgrounds and socioeconomic backgrounds, with acute and chronic neurological disorders will be encountered during the rotation.

Procedural Skill Acquisition

Neurological skills include perfecting the technique of careful history taking as it applies to the neurological patient as well as the application of a carefully-performed neurological examination. In addition, opportunities to perform lumbar puncture for spinal fluid analysis are available for the trainee to perfect his/her skills. In addition, Chief Residents acquire skills in the performance of occipital nerve block, trigger point injections, and other common outpatient neurologic procedures. Finally, acquiring knowledge of interpretive skills and familiarity with neuroimaging studies such as CT scans, MRI studies, etc. is essential.

Conferences:

The outpatient neurology clinic rotation is associated with numerous clinical conferences directed at patient management the treatment of neurological emergencies, and general didactic reviews. Attendance is required. These conferences include:

1. Basic Neuroscience Conference (Monday 12:00- 1:00 pm- JWS Bldg., 8th floor – Lucy Library)
2. Program Director’s Core Competency and Ethics Conference, 1 Monday per month, 11:00 AM - JWS Bldg., 8th floor – Lucy Library)
3. QA (M&M) Conference 1st Wed per month, 7:30 AM - JWS Bldg., 8th floor – Lucy Library)
4. Neuropathology Conference (Wednesdays 4 pm - JWS Bldg., 8th floor – Lucy Library)
5. Neuroradiology Conference (Wednesdays 5 pm - JWS Bldg., 8th floor – Lucy Library)
6. Neurology Grand Rounds (Fridays 8:15-9:30 pm- JWS Bldg., 12th floor)
7. Movement Disorders Conference, 1 Monday per month as scheduled, 5:00 PM - JWS Bldg., 8th floor – Lucy Library)
8. Epilepsy Journal Club, 1 Monday per month as scheduled, 5:00 PM - JWS Bldg., 8th floor – Lucy Library)
9. Stroke Journal Club, 1 Wednesday per month as scheduled, noon - JWS Bldg., 8th floor – Lucy Library)

Resources:

AAN Patient Care & Practice Management: <http://www.aan.com/professionals/patient/index.cfm>

AAN Practice Guidelines: <http://www.aan.com/professionals/practice/index.cfm>

Up-to-Date (can be accessed through the UAMS library web site)

Reading List – Distributed separately.

PATIENT CARE

Outpatient Neurology Clinic (PGY 1) Patient Care		
Objectives	Teaching Methods	Assessment Strategy
Introduction to gathering essential and accurate information about neurological outpatients with subacute & chronic neurological symptoms including mental status change, headache, dizziness, dementia, stroke, epilepsy, syncope, movement disorders, spine pain & neuromuscular symptoms.	Direct Patient Care Performance feedback	Faculty Evaluation & Direct feed-back to PGY1 residents
Introduction to performing an extensive neurological examination and to be able to summarize their findings and localize the lesion in the central or peripheral nervous system.	Direct Patient Care Performance feedback	Faculty Evaluation & Direct feed-back to PGY1 residents
Introduction to formulation of a differential diagnosis and management plan based upon their neurological assessment.	Direct Patient Care Performance feedback	Faculty Evaluation & Direct feed-back to PGY1 residents
Introduction to identifying and describing abnormalities seen in common neurological disorders on radiographic testing.	Direct Patient Care Performance feedback	Faculty Evaluation & Direct feed-back to PGY1 residents

PATIENT CARE

Outpatient Neurology Clinic (PGY 2 & 3) Patient Care		
Objectives	Teaching Methods	Assessment Strategy
Gather essential and accurate information about neurological outpatients with subacute & chronic neurological symptoms including mental status change, headache, dizziness, dementia, stroke, epilepsy, syncope, movement disorders, spine pain & neuromuscular symptoms.	Direct Patient Care Performance feedback Conferences	Faculty rotation rating & evaluation Neuro Residents: NEX live patient examinations RITE Program Director semi-yearly review
Perform an extensive neurological examination and to be able to summarize their findings and localize the lesion in the central or peripheral nervous system.	Direct Patient Care Performance feedback Conferences	Faculty rotation rating & evaluation Neuro Residents: NEX live patient examinations RITE Program Director semi-yearly review
Formulate a differential diagnosis and management plan based upon their neurological assessment.	Direct Patient Care Performance feedback Conferences	Faculty rotation rating & evaluation Neuro Residents: NEX live patient examinations RITE Program Director semi-yearly review
Identify and describe abnormalities seen in common neurological disorders on radiographic testing.	Direct Patient Care Performance feedback Conferences	Faculty rotation rating & evaluation Neuro Residents: NEX live patient examinations RITE Program Director semi-yearly review
Perform comprehensive neurologic outpatient consultations	Direct Patient Care Performance feedback Conferences	Faculty rotation rating & evaluation Neuro Residents: NEX live patient examinations RITE Program Director semi-yearly review
Demonstrate technical skills in performing lumbar punctures & other outpatient procedures.	Staff & senior resident instruction & supervision	Faculty rotation rating & evaluation

PATIENT CARE (cont.)

Outpatient Neurology Clinic (PGY 4) Patient Care		
Objectives	Teaching Methods	Assessment Strategy
To become proficient in managing outpatients with chronic neurological symptoms including mental status change, headache, dizziness, dementia, stroke, epilepsy, syncope, movement disorders, spine pain & neuromuscular symptoms.	Direct Patient Care Performance feedback Conferences	Faculty rotation rating & evaluation Neuro Residents: NEX live patient examinations RITE Program Director semi-yearly review
Make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence and clinical judgment.	Direct Patient Care Performance feedback Conferences	Faculty rotation rating & evaluation Neuro Residents: NEX live patient examinations RITE Program Director semi-yearly review
Develop supervisory skills regarding senior resident responsibilities on the ward, including supervision of junior residents.	Direct Patient Care Performance feedback Conferences	Faculty rotation rating & evaluation Neuro Residents: Program Director semi-yearly review
Perform comprehensive neurologic outpatient consultations.	Direct Patient Care Performance feedback Conferences	Faculty rotation rating & evaluation Neuro Residents: NEX live patient examinations RITE Program Director semi-yearly review
Demonstrate technical skills in performing lumbar punctures & other outpatient procedures.	Staff instruction & supervision	Faculty rotation rating & evaluation

MEDICAL KNOWLEDGE

Outpatient Neurology Clinic (PGY 1) Medical Knowledge		
Objectives	Teaching Methods	Assessment Strategy
Introduction to comparison and contrast of the the medical and surgical approaches to treatment of ischemic stroke, and explain the conditions under which each would be most efficacious.	Direct Patient Care Performance feedback Conferences	Faculty Evaluation & Direct feed-back to PGY1 residents
Demonstrate the approach to assessing an subacute or chronic change in mental status, and distinguish between different etiologies such as degenerative diseases, metabolic, toxic, infections, or vascular.	Direct Patient Care Performance feedback Conferences	Faculty Evaluation & Direct feed-back to PGY1 residents
Introduction to describing the underlying pathophysiology, diagnostic criteria and common treatment protocols for migraine & other headache syndromes.	Direct Patient Care Performance feedback Conferences	Faculty Evaluation & Direct feed-back to PGY1 residents
Introduction to understanding the uses and risks of antiepileptic drugs in the treatment of acute and chronic epilepsy.	Direct Patient Care Performance feedback Conferences Epilepsy journal club	Faculty Evaluation & Direct feed-back to PGY1 residents
Introduction to demonstrating an analytical thinking approach to a patient presenting with acute weakness in order to distinguish whether the lesion can be attributable to the central nervous system (brain or spinal cord) or peripheral nervous system (nerve root, peripheral nerve, neuromuscular junction or muscle) based upon assessment of upper or lower motor neuron signs.	Direct Patient Care Performance feedback Conferences	Faculty Evaluation & Direct feed-back to PGY1 residents
Introduction to demonstrating knowledge of relevant neuroanatomy and underlying pathology found in multiple sclerosis, dementia, Parkinson's disease and cerebrovascular disease.	Direct Patient Care Performance feedback Conferences	Faculty Evaluation & Direct feed-back to PGY1 residents

MEDICAL KNOWLEDGE

Outpatient Neurology Clinic (PGY 2 & 3) Medical Knowledge		
Objectives	Teaching Methods	Assessment Strategy
Compare and contrast the medical and surgical approaches to treatment of ischemic stroke and explain the conditions under which each would be most efficacious.	Direct Patient Care Direct performance feedback Conferences	Faculty rotation rating & evaluation Neuro Residents: RITE NEX live patient examinations Program Director semi-yearly review
Demonstrate the approach to assessing an subacute or chronic change in mental status, and distinguish between different etiologies such as degenerative diseases, metabolic, toxic, infections, or vascular.	Direct Patient Care Performance feedback Conferences	Faculty rotation rating & evaluation Neuro Residents: RITE NEX live patient examinations Program Director semi-yearly review
Describe the underlying pathophysiology, diagnostic criteria and common treatment protocols for migraine & other headache syndromes.	Direct Patient Care Performance feedback Conferences	Faculty rotation rating & evaluation Neuro Residents: RITE NEX live patient examinations Program Director semi-yearly review
Understand the uses and risks of antiepileptic drugs in the treatment of acute and chronic epilepsy.	Direct Patient Care Performance feedback Conferences	Faculty rotation rating & evaluation Neuro Residents: RITE NEX live patient examinations Program Director semi-yearly review
Demonstrate an analytical thinking approach to a patient presenting with acute weakness in order to distinguish whether the lesion can be attributable to the central nervous system (brain or spinal cord) or peripheral nervous system (nerve root, peripheral nerve, neuromuscular junction or muscle) based upon assessment of upper or lower motor neuron signs.	Direct Patient Care Performance feedback Conferences	Faculty rotation rating & evaluation Neuro Residents: RITE NEX live patient examinations Program Director semi-yearly review
Demonstrate knowledge of relevant neuroanatomy and underlying pathology found in multiple sclerosis, Alzheimer's dementia, Parkinson's disease and cerebrovascular disease.	Direct Patient Care Performance feedback Conferences	Faculty rotation rating & evaluation Neuro Residents: RITE NEX live patient examinations Program Director semi-yearly review

MEDICAL KNOWLEDGE (cont.)

Outpatient Neurology Clinic (PGY 4) Medical Knowledge		
Objectives	Teaching Methods	Assessment Strategy
Describe the underlying pathophysiology, presenting signs and symptoms and common treatment protocols for acute and non-acute stroke.	Direct Patient Care Performance feedback Conferences, including Grand Rounds & Stroke journal club	Faculty rotation rating & evaluation Neuro Residents: NEX live patient examinations RITE Program Director semi-yearly review
Demonstrate an investigatory and analytic thinking approach to a patient with new onset seizure.	Direct Patient Care Performance feedback Conferences, including Grand Rounds	Faculty rotation rating & evaluation Neuro Residents: NEX live patient examinations RITE Program Director semi-yearly review
Critically evaluate and judiciously apply the latest knowledge to the care of patients with acute and chronic neurologic problems.	Direct Patient Care Performance feedback Conferences, including Grand Rounds	Faculty rotation rating & evaluation Neuro Residents: NEX live patient examinations RITE Program Director semi-yearly review
Develop an approach to investigating and verifying new knowledge needed to care for patients.	Direct Patient Care Performance feedback Conferences, including Grand Rounds	Faculty rotation rating & evaluation Neuro Residents: NEX live patient examinations RITE Program Director semi-yearly review
Describe the foundational principles and management of subacute & chronic encephalopathies.	Direct Patient Care Performance feedback Conferences, including Grand Rounds	Faculty rotation rating & evaluation Neuro Residents: NEX live patient examinations RITE Program Director semi-yearly review

INTERPERSONAL AND COMMUNICATION

Outpatient Neurology Clinic (PGY 1 & 2 Interpersonal and Communication Skills)		
Objectives	Teaching Methods	Assessment Strategy
Present cases verbally and in writing in a logical and coherent manner.	Direct Patient Care Performance feedback	Faculty rotation rating & evaluation Neuro Residents: NEX live patient examinations Program Director semi-yearly review
Demonstrate the ability to obtain, interpret and evaluate consultations from other medical specialties and to develop a diagnostic and management plan.	Direct Patient Care Performance feedback	Faculty rotation rating & evaluation Neuro Residents: Program Director semi-yearly review
Provide patients and their families explanations of neurological disorders and treatment that is geared to their educational level, as well as respecting the patient's cultural, ethnic, religious and economic backgrounds.	Direct Patient Care Performance feedback	Faculty rotation rating & evaluation Neuro Residents: NEX live patient examinations Program Director semi-yearly review
Work collaboratively in an effective manner with the multidisciplinary team involved in the inpatient care of neurological patients.	Direct Patient Care Performance feedback	Faculty rotation rating & evaluation Neuro Residents: Nursing staff evaluation Program Director semi-yearly review
Demonstrate effective communication within the team, with regards to patient's current or change in neurologic status, anticipated problems, therapeutic regimen and diagnostic tests to be reviewed.	Direct Patient Care Performance feedback	Faculty rotation rating & evaluation Neuro Residents: Nursing staff evaluation Program Director semi-yearly review

INTERPERSONAL AND COMMUNICATION (cont.)

Outpatient Neurology Clinic (PGY 3 and 4) Interpersonal and Communication		
Objectives	Teaching Methods	Assessment Strategy
Present cases verbally and in writing in a logical and coherent manner.	Direct Patient Care Performance feedback	Faculty rotation rating & evaluation Neuro Residents: NEX live patient examinations Program Director semi-yearly review
Clearly describe a diagnostic and/or a therapeutic plan to patients, families, and consulting physicians.	Direct Patient Care Performance feedback	Faculty rotation rating & evaluation Neuro Residents: NEX live patient examinations Program Director semi-yearly review
Teach junior residents and medical students effectively.	Direct Patient Care Performance feedback	Faculty rotation rating & evaluation Neuro Residents: Program Director semi-yearly review
Provide distressing news to patients and families clearly and compassionately.	Direct Patient Care Performance feedback	Faculty rotation rating & evaluation Neuro Residents: Nursing staff evaluation Program Director semi-yearly review
Develop effective strategies for interacting with “stressed” or angry patients and or families.	Direct Patient Care Performance feedback	Faculty rotation rating & evaluation Neuro Residents: Nursing staff evaluation Program Director semi-yearly review
Listen to and evaluate the contributions of other members of the healthcare team, and work together as an effective team member.	Direct Patient Care Performance feedback	Faculty rotation rating & evaluation Neuro Residents: Nursing staff evaluation Program Director semi-yearly review

PRACTICE BASED LEARNING AND IMPROVEMENT

Outpatient Neurology Clinic (PGY 1) Practice Based Learning and Improvement		
Objectives	Teaching Methods	Assessment Strategy
Critical review of record of difficult and interesting cases.	Direct Patient Care Performance feedback	Self assessment Faculty rotation rating & evaluation Case log (encouraged)
Research clinical questions regarding patient's health problems using information technology to access on-line medical information to support their own education and to improve patient care and education.	Direct Patient Care Performance feedback Electronic medical record Medline/OVID searches- patient centered Conference presentations Journal clubs	Self assessment Faculty rotation rating & evaluation Case log (encouraged)
Evaluate the clinical literature applying knowledge of epidemiology, biostatistics, and research study design.	Direct Patient Care Performance feedback Teaching conferences including Grand Rounds Journal Clubs	Self assessment Faculty rotation rating & evaluation Case log (encouraged)
Facilitate the learning of medical students.	Direct Patient Care Performance feedback Role Modeling Oral presentations Clinical instruction	Self assessment Faculty rotation rating & evaluation Case log (encouraged)

PRACTICE BASED LEARNING AND IMPROVEMENT (cont.)

Outpatient Neurology Clinic (PGY 2-4) Practice Based Learning and Improvement		
Objectives	Teaching Methods	Assessment Strategy
Critical review and record of difficult and interesting cases.	Direct Patient Care Performance feedback Teaching conferences including Grand Rounds Journal Clubs	Self assessment Faculty rotation rating & evaluation Case log (encouraged)
Use appropriate computer databases and online educational materials to assist in “real time” medical decision making	Direct Patient Care Performance feedback Teaching conferences including Grand Rounds Journal Clubs	Self assessment Faculty rotation rating & evaluation Case log (encouraged)
Apply knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness.	Direct Patient Care Performance feedback Teaching conferences including Grand Rounds Journal Clubs	Self assessment Faculty rotation rating & evaluation Case log (encouraged)
Facilitate the learning of medical students, junior neurology residents, psychiatry interns, and neurosurgery residents.	Direct Patient Care Performance feedback Teaching conferences including Grand Rounds Journal Clubs	Self assessment Faculty rotation rating & evaluation Case log (encouraged)
Demonstrate and teach medical students to access medical information on their patient for record review as well as online information/medical databases to assist in their evaluations of patients	Direct Patient Care Performance feedback Teaching conferences including Grand Rounds Journal Clubs	Self assessment Faculty rotation rating & evaluation Case log (encouraged)

PROFESSIONALISM

Outpatient Neurology Clinic (PGY 1- 4) Professionalism		
Objectives	Teaching Methods	Assessment Strategy
Interact responsibly with patients, families and co-workers taking into consideration age, disability, culture and gender issues.	Self assessment Faculty rotation rating & evaluation Nursing staff evaluation Program Director semi-yearly review	Self assessment Faculty rotation rating & evaluation Nursing staff evaluation Program Director semi-yearly review
Demonstrate appropriate use of the EMR in regards to patient respect and confidentiality as well as understanding the scope and limits of patient confidentiality.	Direct Patient Care Performance feedback Teaching conferences including Grand Rounds EMR training Online HIPAA training	Self assessment Faculty rotation rating & evaluation Nursing staff evaluation Program Director semi-yearly review
Understand the scope and limits of living wills and DNR status.	Direct Patient Care Performance feedback Teaching conferences including Grand Rounds Ethics case conferences	Self assessment Faculty rotation rating & evaluation Nursing staff evaluation Program Director semi-yearly review
Evaluate a patient's capacity to make informed decisions and factors that would limit patient autonomy.	Direct Patient Care Performance feedback Teaching conferences including Grand Rounds Ethics case conferences	Self assessment Faculty rotation rating & evaluation Nursing staff evaluation Program Director semi-yearly review

SYSTEM BASED PRACTICE

Outpatient Neurology Clinic (PGY 1) System Based Practice		
Objectives	Teaching Methods	Assessment Strategy
<p>Identification and performance of appropriate preventive care measures for the adult patient and the impact of preventive medicine on societal health</p> <ul style="list-style-type: none"> -Stroke Risk Factors. -Cerebrovascular and Cardiovascular Risk modification of stroke patients. -Initiation of antiplatelet or anticoagulant therapy in stroke prevention. 	<p>Direct Patient Care Clinical Teaching Rounds Performance feedback Departmental conferences including QA (M&M) & Stroke journal club</p>	<p>Self assessment Faculty rotation rating & evaluation RITE</p>
<p>Identification of psychosocial factors and the impact of care of progressive and disabling neurodegenerative disorders such as multiple sclerosis, Parkinson's disease and Alzheimer's disease and other dementias.</p>	<p>Direct Patient Care Clinical Teaching Rounds Performance feedback Monthly program director's mtg</p>	<p>Self assessment Faculty rotation rating & evaluation Nursing staff evaluation</p>
<p>Efficiently refer patients to appropriate allied health and social services to assist in acute care rehabilitation, long term management or home care assistance.</p>	<p>Direct Patient Care Clinical Teaching Rounds Interaction with SW Performance feedback Monthly program director's mtg</p>	<p>Self assessment Faculty rotation rating & evaluation Nursing staff evaluation</p>
<p>Develop an understanding of cost-effective health care that does not impact quality of care.</p>	<p>Direct Patient Care Clinical Teaching Rounds Performance feedback Monthly program director's mtg</p>	<p>Self assessment Faculty rotation rating & evaluation Nursing staff evaluation</p>

SYSTEM BASED PRACTICE (cont.)

Outpatient Neurology Clinic (PGY 2 - 4) System Based Practice		
Objectives	Teaching Methods	Assessment Strategy
Advocate for patients when dealing with resource allocation issues and complex payer systems problems.	Direct Patient Care Clinical Teaching Rounds Interaction with SW Performance feedback	Self assessment Faculty rotation rating & evaluation Nursing staff evaluation
Access quality allied health care and social services resources as they apply to patients with neurological disorders/disabilities.	Direct Patient Care Clinical Teaching Rounds Interaction with SW Performance feedback Monthly program director's mtg	Self assessment Faculty rotation rating & evaluation Nursing staff evaluation
Practice high quality cost effective medical care across all practice venues.	Direct Patient Care Clinical Teaching Rounds Interaction with SW Performance feedback	Self assessment Faculty rotation rating & evaluation Nursing staff evaluation
Understand how their patient care and professional practices affect other health professionals, organizations and society.	Direct Patient Care Clinical Teaching Rounds Interaction with SW Performance feedback Monthly program director's mtg	Self assessment Faculty rotation rating & evaluation Nursing staff evaluation

